U.S Department of Labor Office of Labor-Management Stradards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in oriminal prosecution, fines, or civil penalities as provided by 29 U S.C 439 or 440

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3 Name and address of person filing

1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

1 / 1 / 2005 Through 12 / 31 / 2005

4 Name file number and address of labor organization

Name Christopher W Votteler Sr	Name United Transportation Union		
	Labor Organization Filo Number 000-314		
PO Box Bidg Room No if any	PO Box Building and Room Number If any		
Street 15643 Brassie Drive	Street 14600 Detroit Avenue		
Cay Orland Park	City Cleveland		
State Illinois ZIP Code + 4 60462	State Ohio ZIP Code + 4 44107		
5 Position in labor organization Local/General Chairman			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
8 Name and address of Employer (including trade name if any)	7.a Nature of Interest, Transaction or Income		
Name			
Trade Name if any			
PO Box Bldg Room No fany			
	7 b Amount		
Street			
City			
Starte ZiF Code + 4			
Signature			
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)			
Signed Chufw Vattet	On 05/15/2006 708 460-3213		
·	Date Telephone Number		

Name of Person Filmg Christopher Votteler Sr	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (Including trade name if any)	9 Business deals with			
Name	a Labor Ormanization			
Trade Name if any	a Labor Organization  b Trust			
PO Box Bldg Room No if any	c Employer			
Street				
City				
State ZIP Code + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11.a Nature of such dealing			
Name				
Trade Name if any				
PO Box Bidg Room No if any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4				
	12 b Amount			
	12 o Autour			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
(Ricuding trade name trany)  Name Hoey & Farina P C	\$34 Meal 1/18/05 Discussed R R safety matters \$141 Meal with spouse 2/19/05 -Discussed R R activities and safety matters			
Trade Name if any	\$35 1 ticket 7/1/05 Chicago White Sox \$91 Golf and meal 7/29/05			
PO Box Bidg Room No if any Suite 200	\$142 Golf and meal 9/23/05 \$80 Race Day 10/8/05			
Street 542 S Dearborn Suite 200				
City Chicago				
State Illinois ZIP Code + 4 60605				
13.b Is the Business an Employer or Consultant?	14 b Amount of payment. \$523			